

September 23, 1998

IMPLEMENTATION OF PREREGISTRATION

1. PURPOSE: This Veterans Health Administration (VHA) directive provides guidance to Department of Veterans Affairs (VA) medical centers and Network offices on the mandatory implementation of the Veterans Health Information Systems and Technology Architecture (VISTA) Preregistration software and related processes.

2. BACKGROUND: To ultimately achieve the Under Secretary's goal of 10 percent alternative revenues by Fiscal Year (FY) 2002, improvement in identifying health insurance coverage is necessary. Recent VHA Office of Finance reviews indicate that important patient data are missing. When important VISTA information is missing, both clinical and administrative processes are impeded. Software patch DG*5.3*109 was released in May 1997. The Medical Care Cost Recovery (MCCR) Program Office simultaneously released both managers' and employees' guides that explain both use of the software and related processes. The preregistration process enabled with DG*5.3*109 allows gathering and updating of pertinent patient demographic data. During FY 1997, use of this VISTA software at seven reengineering pilot sites produced \$5.6 million in new revenue while updating over 82,000 patient data elements. Additionally, substantial cost savings are generated through the preregistration process by reducing the amount of returned pharmaceuticals and undelivered mail as a result of incorrect addresses. Furthermore, updating patient information means better customer relations and improved communication when a VHA clinician or other staff needs to contact a patient. Preregistration is intended to enhance but not replace the medical center's normal registration process.

3. POLICY

a. The use of the preregistration software is mandatory for all VHA medical centers including the integrated facilities.

b. Network Directors must ensure the installation and use of software patch DG*5.3*109 by October 1, 1998.

4. ACTION

a. Medical centers must install preregistration patch DG*5.3*109 and use it to actively update and record demographic and health insurance information within the VISTA database. Reports exist that show demographic changes, new insurance policies identified, total dollars of claims created from new insurance policies identified through preregistration, and total payments from those insurance policies to monitor the preregistration process.

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b. Medical center Directors must ensure that Information Resource Management (IRM), or designee, activates, for reporting purposes, the following **mandatory** inconsistency data elements:

<u>VISTA Field Name</u>	<u>VISTA Field Number</u>
-Street Address [Line 1]	.111
-City	.114
-State	.115
-ZIP Code	.116
-Phone Number [Residence]	.131
-Phone Number [Work]	.132
-Employment Status	.31115
-E-Name	.331
-Covered by Health Insurance?	.3192

c. Network and medical centers must ensure that appropriate staff and resources are assigned to this program. Recommended hours of operation, resource needs and staffing levels are fully outlined in the preregistration manager's guide.

d. Trained staff performing preregistration must understand the importance of loading appropriate data. **NOTE:** *Bypassing unanswered or blank fields is considered inappropriate.*

e. Medical centers must provide base-line benchmarks as of October 1, 1998, by executing the Preregistration Source Report (summary) for FY 1998 and forwarding the results to the Network Chief Financial Officer (CFO) by October 15, 1998.

f. The Network CFO will be prepared to provide feedback to the VHA Headquarters CFO on implementation of this mandated program as requested.

g. Follow-up benchmark reporting will be executed as deemed necessary by the Network Director or designee.

h. Network Directors must ensure that a preregistration process is in place to obtain, input and routinely update patient demographic and health insurance information.

i. Network and medical center Directors will ensure that copies of this directive are distributed to staff involved with intake, revenue, and information resources management.

5. REFERENCE: None.

6. FOLLOW-UP RESPONSIBILITY: The Director, Revenue Office (174) is responsible for the contents of this directive.

7. RESCISSION: This VHA Directive will expire September 23, 2003.

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Under Secretary for Health

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